

CHAPTER 11

Case Name Daleson Enterprises, LLC d/b/a Jones County Rest HomeCase Number 05-50095 For Period December 1 to December 31, 20 06

THIS REPORT IS DUE 15 DAYS AFTER THE END OF THE MONTH. The debtor must attach each of the following forms unless the United States Trustee has waived the requirement in writing. File with the court and submit a paper copy to UST with an original signature.

Form Attached	Previously Waived	REQUIRED REPORTS/DOCUMENTS
(mark only one - attached or waived)		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Comparative Balance Sheet (FORM 2-B)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Profit and Loss Statement (FORM 2-C)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cash Receipts and Disbursements Statement (FORM 2-D)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Supporting Schedules (FORM 2-E)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Narrative (FORM 2-F)
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Copies of Bank Statement(s) and Reconciliations of Bank Balance to Book Balance for all Account(s)

I declare under penalty of perjury that the following Monthly Operating Report and any attachments thereto, are true and correct to the best of my knowledge and belief.

Executed on: Jan. 29, 2007
(date)

Debtor(s)*

Daleson Enterprises, LLC
d/b/a/ Jones County Rest Home

By:**



Position:

Member

Name of preparer:

Sandy Lindsey, CFO

Telephone No. of Preparer

601-758-1989

* both debtors must sign if a joint petition

** for corporate or partnership debtor

CASE NUMBER: 05-50095

COMPARATIVE BALANCE SHEET

ASSETS:

CURRENT ASSETS:

Cash.....

Accounts Receivable, Net.....

Inventory, at lower of cost or market.....

Prepaid expenses & deposits.....

Other

TOTAL CURRENT ASSETS.....

PROPERTY, PLANT & EQUIPMENT.....

Less Accumulated depreciation.....

NET PROPERTY, PLANT & EQUIPMENT.....

OTHER ASSETS

____ Certificate of Need Cost ____

____ Workers Comp Deposit ____

TOTAL OTHER ASSETS.....

TOTAL ASSETS.....

Month	Month	Month	Month	Month	Month	Month
6/30/06	7/31/06	8/31/06	9/30/06	10/31/06	11/30/06	12/31/06
493,145	462,635	452,953	447,658	298,072	332,797	326,920
259,578	259,578	259,571	263,251	383,531	342,827	335,516
0	0	0	0	0	0	0
0	0	0	0	0	0	0
620,268	620,268	620,268	620,268	620,268	620,268	620,268
1,372,991	1,342,481	1,332,792	1,331,177	1,301,871	1,295,892	1,282,704
254,993	254,993	254,993	254,993	254,993	254,993	254,993
0	0	0	0	0	0	0
254,993	254,993	254,993	254,993	254,993	254,993	254,993
715,738	715,738	715,738	715,738	715,738	715,738	715,738
94,435	94,435	94,435	94,435	94,435	94,435	94,435
810,173	810,173	810,173	810,173	810,173	810,173	810,173
2,438,157	2,407,647	2,397,958	2,396,343	2,367,037	2,361,058	2,347,870

If assets are carried at historical cost on debtor's accounting records and debtor elects to show them as such on the monthly reports, note the change above and include remarks on FORM 2-F (Narrative). All subsequent reports must then carry these assets at that value. Do not use historical cost one month and fair market value the next.

CASE NUMBER: _____05-50095_____

COMPARATIVE BALANCE SHEET

LIABILITIES:

POST-PETITION LIABILITIES:

Taxes payable (Form 2-E, pg 1 of 3).....

Accounts payable (Form 2-E, pg 1 of 3).....

Other: _____ Intercompany Accts./Etc. _____

TOTAL POST-PETITION LIABILITIES.....

PRE-PETITION LIABILITIES:

Notes payable – secured.....

Priority debt.....

Unsecured debt.....

Other _____ Due Owner _____

TOTAL LIABILITIES.....

EQUITY (DEFICIT)

PREFERRED STOCK.....

COMMON STOCK.....

RETAINED EARNINGS:

Through filing date.....

Post Filing date.....

TOTAL EQUITY (NET WORTH).....

TOTAL LIABILITIES & EQUITY.....

Month	Month	Month	Month	Month	Month	Month
6/30/06	7/31/06	8/31/06	9/30/06	10/31/06	11/30/06	12/31/06
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
0	0	0	0	0	0	0
689,477	689,477	689,477	689,477	689,477	689,477	689,477
1,258,733	1,258,733	1,258,733	1,258,733	1,258,733	1,258,733	1,258,733
308,767	308,767	308,767	308,767	308,767	308,767	308,767
77,723	77,723	77,723	77,723	77,723	77,723	77,723
2,334,700	2,334,700	2,334,700	2,334,700	2,334,700	2,334,700	2,334,700
103,457	72,947	63,258	61,643	32,337	26,358	13,170
103,457	72,947	63,258	61,643	32,337	26,358	13,170
2,438,157	2,407,647	2,397,958	2,396,343	2,367,037	2,361,058	2,347,870

CASE NUMBER: ____05-50095____

PROFIT AND LOSS STATEMENT

SEE ATTACHED

SEE ATTACHED

	Filing Date	Month	Month	Month	Month	Month	Month
		7/31/06	8/31/06	9/30/2006	10/31/06	11/30/06	12/31/06
NET REVENUE.....		0	0	0	0	0	0
<u>COST OF GOODS SOLD:</u>							
Material.....							
Labor - Direct.....							
Manufacturing Overhead.....							
TOTAL COST OF GOODS SOLD:.....							
GROSS PROFIT:.....		0	0	0	0	0	0
<u>OPERATING EXPENSES:</u>							
Selling and Marketing.....		0	0	0	0	0	0
General and administrative (rents, utilities, salaries, etc.)		30.510	9.689	1.615	29.306	5.979	13.188
Other _____							
TOTAL OPERATING EXPENSES.....		30.510	9.689	1.615	29.306	5.979	13.188
<u>INTREST EXPENSE</u>							
INCOME BEFORE DEPRECIATION OR TAXES:.....		(30.510)	(9.689)	(1.615)	(29.306)	(5.979)	(13.188)
<u>DEPRECIATION OR AMORTIZATION</u>			0	0	0	0	0
<u>EXTRAORDINARY EXPENSES</u> *							
<u>INCOME TAX EXPENSE (BENEFIT)</u>							
NET INCOME (LOSS).....		(30.510)	(9.689)	(1.615)	(29.306)	(5.979)	(13.188)

*Requires explanation in NARRATIVE (Form 2-F)

CASE NAME: Daleson Enterprises, LLC d/b/a Jones County CASE NUMBER: 05-50095

Rest Home

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

For Period December 1 to December 31, 2006

Cash Reconciliation

1. Beginning Cash Balance (Ending cash balance from last month's report)		<u>\$ 332,797</u>
2. Cash Receipts (total Cash Receipts from page 2 of all FORM 2-D's)	<u>\$ 474</u>	
3. Cash Disbursements (total Cash Disbursements from page 3 of all FORM 2-D's)	<u>\$ 6,351</u>	
4. Net Cash Flow		<u>\$ (5.877)</u>
5. Ending Cash Balance (to FORM 2-B)		<u>\$ 326,920</u>

CASH SUMMARY – ENDING BALANCE

	<u>Amount*</u>	<u>Financial Institution</u>
1. Real Estate Account	<u>\$</u>	
2. Trust Account	<u>\$ 0</u>	<u>Trustmark</u>
3. Operating and/or Personal Account	<u>\$ 324,433</u>	<u>Trustmark</u>
4. Payroll Account	<u>\$ 2,487</u>	<u>Trustmark</u>
5. Tax Account	<u>\$</u>	
6. Other Accounts (Specify checking or savings)	<u>\$</u>	
7. Cash Collateral Account	<u>\$</u>	
8. Petty Cash	<u>\$</u>	
TOTAL (Must Agree with line 5 above)	<u>\$ 326,920</u>	

*These amounts should be equal to the previous month's balance for the account plus this month's receipts less this month's disbursements.

ADJUSTED CASH DISBURSEMENTS

Cash disbursements on Line 3 above less
inter-account transfers and UST fees paid \$ 6,351

*NOTE: This amount should be used
to determine UST quarterly fees due
and agree wit Form 2-D, page 2 of 4

FORM 2-D
Page 1 of 4
01/04

CASE NAME: Daleson Enterprises, LLC d/b/a Jones County CASE NUMBER: 05-50095

Rest Home

QUARTERLY FEE SUMMARY

MONTH ENDED December 2006

Payment Date	Cash Disbursements *	Quarterly Fee Due	Check No.	Date
January	\$ 274,900			
February	\$ 42,376			
March	\$ 14,295			
Total 1 st Quarter	\$ 331,571	\$ 3,750		
April	\$ 12,196			
May	\$ 7,851			
June	\$ 6,594			
Total 2 nd Quarter	\$ 26,641	\$ 500		
July	\$ 30,510			
August	\$ 9,722			
September	\$ 5,295			
Total 3 rd Quarter	\$ 45,527	\$ 500		
October	\$ 149,606			
November	\$ 5,295			
December	\$ 6,351			
Total 4 th Quarter	\$ 161,252	\$ 1,250		

FEE SCHEDULE

DISBURSEMENT CATEGORY	QUARTERLY FEE DUE
Less than \$15,000.00	\$250
\$15,000 - \$74,999.99	\$500
\$75,000 - \$149,999.99	\$750
\$150,000 - \$224,999.99	\$1,250
\$225,000 - \$299,999.99	\$1,500
\$300,000 - \$999,999.99	\$3,750
\$1,000,000 - \$1,999,999.99	\$5,000
\$2,000,000 - \$2,999,999.99	\$7,500
\$3,000,000 - \$4,999,999.99	\$8,000
\$5,000,000 and above	\$10,000

Note that a minimum payment of \$250 is due each quarter even if no disbursements are made in the case during the period.

* Note: should agree with "adjusted cash disbursements" at bottom of Form 2-D, Page 1 of 4. Disbursements are net of transfers to other debtor in possession bank accounts and net of payments of prior period quarterly fees.

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period December 1 to December 31, 2006

Account Name: Jones County Rest Home Account Number: 480-009-6701
Operating Account

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

SEE ATTACHED

Total Cash Receipts \$ 0

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period December 1 to December 31, 2006

Account Name: JCRH Old Acct. Payable Account Number: 430-715-3379

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

SEE ATTACHED

Total Cash Receipts \$ 0

01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period December 1 to December 31, 2006

Account Name: JCRH New Accts. Payable Account Number: 480-009-6685

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

SEE ATTACHED

Total Cash Receipts \$ 474

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JONES NEW AP DEPOSITS DEC 2006
12/1/2006 Through 12/31/2006

1/27/2007

Page 1

Date	Account	Num	Description	Memo	Category	Clr	Amount
12/15...	AP NEW JCRHDEP		DEPOSIT			R	40.00
12/28...	AP NEW JCRHDEP		DEPOSIT			R	434.50
TOTAL 12/1/2006 - 12/31/2006							474.50
TOTAL INFLOWS							474.50
TOTAL OUTFLOWS							0.00
NET TOTAL							474.50

01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period December 1 to December 31, 2006

Account Name: JCRH Payroll Account Number: 480-009-6693

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
-------------	-----------------------------	---------------

SEE ATTACHED

Total Cash Receipts \$ 0

01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT

(This form should be completed for each type of account listed on page 1 of Form 2-D that the debtor maintained during the month.)

For Period December 1 to December 31, 2006

Account Name: JCRH Resident Trust Account Number: 480-009-6719

CASH RECEIPTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Description (Source)</u>	<u>Amount</u>
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SEE ATTACHED

Total Cash Receipts \$ 0

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT
(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period December 1 to December 31, 2006

Account Name: Jones County Rest Home Account Number: 480-009-6701

Operating

CASH DISBURSEMENTS JOURNAL

(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
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SEE ATTACHED

Total Cash Disbursements \$ 0

*Identify any payments to professionals, owners, partners, shareholders,
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

01/04

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT
(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period December 1 to December 31, 2006

Account Name: JCRH Old Acct. Pay Account Number: 430-715-3349

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
-------------	------------------	--------------	-------------------------------	---------------

SEE ATTACHED

Total Cash Disbursements \$ 418

*Identify any payments to professionals, owners, partners, shareholders,
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

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JONES OLD AP PAYMENTS DEC 2006
12/1/2006 Through 12/31/2006

1/27/2007

Page 1

Date	Account	Num	Description	Memo	Category	Clr	Amount
12/12...	DO NOT U...	DEBIT	ACH DEBIT T...			R	-298.39
12/18...	DO NOT U...	DEBIT	ACH DEBIT M...			R	-109.59
12/20...	DO NOT U...		Service Charge		Bank Charge	R	-10.00
TOTAL 12/1/2006 - 12/31/2006							-417.98

TOTAL INFLOWS	0.00
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TOTAL OUTFLOWS	-417.98
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NET TOTAL	-417.98
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Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT
(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period December 1 to December 31, 2006

Account Name: JCRH New Acct. Payable Account Number: 480-009-6685

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

<u>Date</u>	<u>Check No.</u>	<u>Payee</u>	<u>Description (Purpose)*</u>	<u>Amount</u>
-------------	------------------	--------------	-------------------------------	---------------

SEE ATTACHED

Total Cash Disbursements \$ 5,933

*Identify any payments to professionals, owners, partners, shareholders.
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

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JONES NEW AP PAYMENTS DEC 2006
12/1/2006 Through 12/31/2006

1/27/2007

Page 1

Date	Account	Num	Description	Memo	Category	Clr	Amount
12/15...	AP NEW	JCRH3352	LARRY FORTE...			R	-2,285.00
12/15...	AP NEW	JCRH3353	LARRY RUSSELL			R	-2,285.00
12/15...	AP NEW	JCRH3354	RAMONA Q. B...Proper...			R	-1,056.28
12/15...	AP NEW	JCRH3355	LARRY FORTE...			R	-153.60
12/15...	AP NEW	JCRH3356	LARRY RUSSELL			R	-153.60
TOTAL 12/1/2006 - 12/31/2006							-5,933.48

TOTAL INFLOWS	0.00
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TOTAL OUTFLOWS	-5,933.48
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NET TOTAL	-5,933.48
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Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT
(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period December 1 to December 31, 2006

Account Name: JCRH Payroll Account Number: 480-009-6693

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
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SEE ATTACHED

Total Cash Disbursements \$ 0

*Identify any payments to professionals, owners, partners, shareholders,
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

Case Name: Daleson Enterprises d/b/a Jones
County Rest Home

Case Number: 05-50095

CASH RECEIPTS AND DISBURSEMENTS STATEMENT
(This form should be completed for each type of account listed
on page 1 of FORM 2-D that the debtor maintained during the month.)

For Period December 1 to December 31, 2006

Account Name: JCRH Resident Trust Account Number: 480-009-6719

CASH DISBURSEMENTS JOURNAL
(attach additional sheets as necessary)

Date	Check No.	Payee	Description (Purpose)*	Amount
------	-----------	-------	------------------------	--------

SEE ATTACHED

Total Cash Disbursements \$ 0

*Identify any payments to professionals, owners, partners, shareholders,
Officers, director or any insiders and all adequate protection payments
Ordered by the court with an asterisk or highlighting. Any payments made
as a result of a court order, should indicate the order date.

CASE NAME: Daleson Enterprises d/b/a Jones
County Rest Home

CASE NUMBER: 05-50095

SUPPORTING SCHEDULES

For Period ___December 1___ to _December 31_, 20 06___

POST-PETITION ACCOUNTS PAYABLE AGING REPORT

TYPE	INCURRED	DUE	0-30	31-60	61-90	OVER 90
FITW	0	0	\$	\$	\$	
FICA	0	0				
FUTA	0	0				
SITW	0	0				
SUTA	0	0				
OTHER TAX						
TRADE PAYABLES						
OTHER	0	0				
Retirement	0	0				
Accrued PR	0	0				
Bonus	0	0				
TOTALS	0	0	\$	\$	\$	\$

CASE NAME: Daleson Enterprises, LLC dba Jones Cty Rest Home CASE NUMBER: 05-50095

SUPPORTING SCHEDULES

For Period December 1 To December 31 2006

INSURANCE SCHEDULE

Type	Carrier/Agent	Coverage (\$)	Date of Expiration	Premium Paid
Workers' Compensation	MSHCA	\$100,000	1/1/06	NO
General Liability	CULIC	\$500,000	10/7/06	CANCELLED
Property (Fire, Theft)	Fox Everett	\$500,000	8/30/06	CANCELLED
Vehicle				
Other (list):				

- (1) Attach copy of certificate of insurance or declaration page of policy for any coverage renewed or replaced during the current reporting month.
- (2) For the premium paid column enter "yes" if payment of premium is current or "no" if premium payment is delinquent. If "no", explain on Form 2-F, Narrative.

01/04

CASE NAME: Daleson Enterprises, LLC dba Jones Cty Rest Home CASE NUMBER: 05-50095

NARRATIVE STATEMENT

For Period __December 1__ to __December 31__, 20 06__

Please provide a brief description of the significant business and legal action by the debtor, its creditor or the court during the reporting period. Comments should include any change in bank accounts, explanation of extraordinary expenses, and purpose of any new post-petition financing. Comments should also include debtor's efforts during the month to rehabilitate the business and to develop a plan.

JCRH OLD AP DEC 2006

DO NOT USE JCRH AP
1/13/2007

Page 1

Reconciliation Summary

BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:			1,380.21
Checks and Payments	2	Items	-407.98
Deposits and Other Credits	0	Items	0.00
Service Charge	1	Item	-10.00
Interest Earned	0	Items	0.00
Ending Balance of Bank Statement:			962.23

YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:			962.23
Checks and Payments	0	Items	0.00
Deposits and Other Credits	0	Items	0.00
Register Balance as of 12/31/2006:			962.23
Checks and Payments	0	Items	0.00
Deposits and Other Credits	0	Items	0.00
Register Ending Balance:			962.23

JCRH OLD AP DEC 2006

DO NOT USE JCRH AP
1/13/2007

Page 2

Uncleared Transaction Detail up to 12/31/2006

Date	Num	Payee	Memo	Category	Clr	Amount
Uncleared Checks and Payments						
Total Uncleared Checks and Payments				0 Items		0.00
Uncleared Deposits and Other Credits						
Total Uncleared Deposits and Other Credits				0 Items		0.00
Total Uncleared Transactions				0 Items		0.00

**Trustmark**

National Bank

Small Business Checking

Page 1 of 3

Statement Period
From 12/01/2006 To 12/31/2006Account Number
430-715-3349DALESON ENTERPRISE LLC DBA
JONES COUNTY REST HOME
ACCOUNTS PAYABLE
PO BOX 345
SUMRALL MS 39482-0345

Customer Service:

1-800-243-3574 or 1-601-961-6000
Automated Response: 24 hours day
Representative: Mon. - Fri. 8am-8pm.
Sat. 9am-7pmFor questions, or to receive a Trustmark Access
Number for use with automated services, call
during Representative hours and choose option 0Website address: www.trustmark.com**Summary**

Description	Transactions	Amount
Balance last statement		1,380.21
Deposits and other credits		+ .00
Checks and other withdrawals	2	- 407.98
Service charges	1	- 10.00
Balance this statement		\$962.23

Note: Your lowest balance during this period was \$962.23, and it occurred on 12/31/2006.

**Checks and Other Withdrawals****Other Electronic Transactions**

Date	Amount	Description
12/12	298.39	ACH DEBIT AXA EQUITABLE INS. PAYMT PPD 22009572334903
12/18	109.59	ACH DEBIT METLIFE PAYMENT PPD 10000771914

Total of Other Electronic Transactions: \$407.98

Service Charges

Date	Amount	Description
12/31	- 10.00	MAINTENANCE FEE

Total of Service Charges: \$10.00



Trustmark

National Bank

Small Business Checking

Page 2 of 3

Statement Period
From 12/01/2006 To 12/31/2006

Account Number
430-715-3349



Daily Balance History

Date	Balance	Date	Balance
12/1	\$1,380.21	12/18	\$972.23
12/12	\$1,081.82	12/31	\$962.23



Your Balance this Period
Balance

Reconciliation

This section is provided to help you balance your bank statement.

Checks and
Other Withdrawals
outstanding -
Not charged to account

Check Number	Amount

Total Checks and
Other Withdrawals outstanding

\$

Bank Balance
Shown on
this statement

\$962.23

Add +

Deposits not
credited to this
statement

\$

Total

\$

Subtract -

Checks and
Other Withdrawals
Outstanding

\$

Balance =

\$

This balance should agree with your checkbook balance after deducting service charges and adding interest (if any) shown on this statement for previous month.

NEWS

Customer News



Trustmark
National Bank

Small Business Checking

Page 3 of 3

Statement Period
From 12/01/2006 To 12/31/2006

Account Number
430-715-3349

ATM/debit card use outside the United States

If you are traveling to a foreign country and intend to use your debit card, please notify us at 601-949-4462 or 800-844-2000 Ext. 4462.

CONSUMER ACCOUNTS ONLY

In Case of Error or Questions About Your Electronic Transfer or Direct Deposit

Write or telephone us as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer or direct deposit listed on the statement or receipt. We must be notified by you no later than 60 days after we sent the first statement on which the problem or error appeared.

1. Tell us your name and account number.
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If we decide that there was no error, we will send you a written explanation within 3 business days after we finish our investigation. You may ask for copies of the documents that we used in our investigation.

For questions or problems relating to your Trustmark Express Card or any electronic fund transfer, call us at 1-601-981-6000 (in the Jackson, Mississippi area) or at 1-800-243-2524 (all other locations). If you prefer you may write us at the following address:

Trustmark National Bank
Attn: Customer Contact Center
P.O. Box 291
Jackson, MS 39205-0291

AP NEW JCRH
1/13/2007

JONES NEW AP DEC 2006

Page 1

Reconciliation Summary

BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:		327,884.55
Checks and Payments	6 Items	-5,953.48
Deposits and Other Credits	2 Items	474.50
Service Charge	0 Items	0.00
Interest Earned	0 Items	0.00
Ending Balance of Bank Statement:		322,405.57

YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:		322,405.57
Checks and Payments	9 Items	-7,541.89
Deposits and Other Credits	0 Items	0.00
Register Balance as of 12/31/2006:		314,863.68
Checks and Payments	0 Items	0.00
Deposits and Other Credits	0 Items	0.00
Register Ending Balance:		314,863.68

New AP 314,863.68
Old AP 962.23
315,825.91

JONES NEW AP DEC 2006

AP NEW JCRH
1/13/2007

Page 2

Uncleared Transaction Detail up to 12/31/2006

Date	Num	Payee	Memo	Category	Clr	Amount
Uncleared Checks and Payments						
5/11/2005	2296	GARY D. THRASH		GARNISHMENT		-457.89
7/13/2005	2556	WILLIAM G. CLARK				-800.00
8/12/2005	2658	WILLIAM G. CLARK				-800.00
9/14/2005	2821	WILLIAM G. CLARK				-800.00
10/14/...	2962	WILLIAM G. CLARK				-800.00
11/15/...	3092	WILLIAM G. CLARK				-800.00
12/15/...	3180	WILLIAM G. CLARK				-800.00
1/10/2006	3235	WILLIAM G. CLARK				-800.00
2/15/2006	3280	JOHN D. MCCORMICK				-1,484.00
Total Uncleared Checks and Payments				9 Items		-7,541.89
Uncleared Deposits and Other Credits						
Total Uncleared Deposits and Other Credits				0 Items		0.00
Total Uncleared Transactions				9 Items		-7,541.89



Trustmark
National Bank

Small Business Checking

Page 1 of 4

Statement Period
From 12/01/2006 To 12/31/2006

Account Number
480-009-6685

6 Images Included

DALESON ENTERPRISE LLC DBA JONES COUNTY
REST HOME ACCT PAYABLE DEBTOR IN
POSSESSION CHAP 11 CASE NO 05-50095
PO BOX 345
SUMRALL MS 39482-0345

Customer Service:

1-800-243-2524 or 1-601-961-6000
Automated Response: 24 hours/day
Representative: Mon. - Fri., 8am-8pm,
Sat. 9am-7pm

For questions, or to receive a Trustmark Access
Number for use with automated services, call
during Representative hours and choose option '0'.

Website address: www.trustmark.com



Summary

Description	Transactions	Amount
Balance last statement		327,884.55
Deposits and other credits	2	+ 474.50
Checks and other withdrawals	6	- 5,953.48
Service charges		- .00
Balance this statement		\$322,405.57

Note: Your lowest balance during this period was \$321,971.07, and it occurred on 12/27/2006.



Deposits and Other Credits

Date	Amount	Description
12/15	40.00	DEPOSIT
12/28	434.50	DEPOSIT

Total of Deposits and Other Credits: \$474.50



Checks and Other Withdrawals

Checks Paid

Number of images included in this statement: 6

Number	Date Paid	Amount	Number	Date Paid	Amount	Number	Date Paid	Amount
3243	12/27	20.00	3353	12/21	2,285.00	3355	12/22	153.60
3352 #	12/22	2,285.00	3354	12/20	1,056.28	3356	12/21	153.60

Thank you for banking with us.

93 637

DECEMBER



Trustmark
National Bank

Small Business Checking

Page 2 of 4

Statement Period
From 12/01/2006 To 12/31/2006

Account Number
480-009-6685

Checks and Other Withdrawals - continued

Checks Paid - continued

Number of images included in this statement: 6

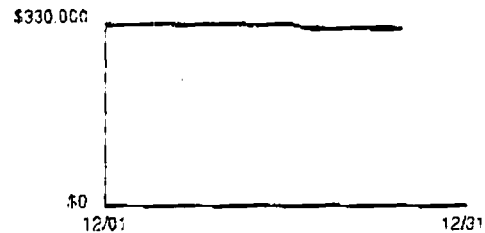
Total of Checks Paid: \$5,953.48

- # Indicates a break in the check number sequence before this check.
- ⊕ Represents an unnumbered check or a non-check item.



Daily Balance History

Date	Balance	Date	Balance	Date	Balance
12/1	\$327,884.55	12/21	\$324,429.67	12/28	\$322,405.57
12/15	\$327,924.55	12/22	\$321,991.07	12/31	\$322,405.57
12/20	\$326,868.27	12/27	\$321,971.07		



Your Balance this Period
Balance



Check Images

Note: The items below are true and correct copies of the original items which have been photographically reproduced by the bank.

DALESON ENTERPRISES, LLC
JONES COUNTY HOME MOBILE
CASH ON HAND
JONES COUNTY HOME MOBILE
BIRMINGHAM, AL 35202

003343

For Deposit Only - Handwritten Check & No. 100 Dollars

LARRY FORTENBERRY

003343 0065300779K 4800096685 0000000000

Ck 3243 Ref 100141378 Pd 12/27 \$20.00

DALESON ENTERPRISES, LLC
JONES COUNTY HOME MOBILE
CASH ON HAND
JONES COUNTY HOME MOBILE
BIRMINGHAM, AL 35202

003353

For Deposit Only - Handwritten Check & No. 100 Dollars

LARRY FORTENBERRY

003353 0065300779K 4800096685 0000128500

Ck 3353 Ref 303248975 Pd 12/21 \$2285.00

DALESON ENTERPRISES, LLC
JONES COUNTY HOME MOBILE
CASH ON HAND
JONES COUNTY HOME MOBILE
BIRMINGHAM, AL 35202

003352

For Deposit Only - Handwritten Check & No. 100 Dollars

LARRY FORTENBERRY

003352 0065300779K 4800096685 0000228500

Ck 3352 Ref 303421570 Pd 12/22 \$2285.00

DALESON ENTERPRISES, LLC
JONES COUNTY HOME MOBILE
CASH ON HAND
JONES COUNTY HOME MOBILE
BIRMINGHAM, AL 35202

003354

For Deposit Only - Handwritten Check & No. 100 Dollars

LARRY FORTENBERRY

003354 0065300779K 4800096685 0000105628

Ck 3354 Ref 303104077 Pd 12/20 \$1056.28

Thank you for banking with us.

98.538



Trustmark
National Bank

Small Business Checking

Page 4 of 4

Statement Period
From 12/01/2006 To 12/31/2006

Account Number
480-009-6685

ATM/debit card use outside the United States

If you are traveling to a foreign country and intend to use your debit card, please notify us at 601-949-4462 or 800-844-2000 Ext. 4462.



CONSUMER ACCOUNTS ONLY

In Case of Error or Questions About Your Electronic Transfer or Direct Deposit

Write or telephone us as soon as you can, if you think your statement or receipt is wrong or if you need more information about a transfer or direct deposit listed on the statement or receipt. We must be notified by you no later than 60 days after we sent the first statement on which the problem or error appeared.

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For questions or problems relating to your Trustmark Express Card or any electronic fund transfer, call us at 1-800-961-6000 (in the Jackson, Mississippi area) or at 1-800-243-2524 (all other locations). If you prefer you may write us at the following address:
Trustmark National Bank
Attn: Customer Contact Center
P.O. Box 291
Jackson, MS 39205-0291

JCRH FR DEC 2006

PR NEW JCRH
1/13/2007

Page 1

Reconciliation Summary

BANK STATEMENT -- CLEARED TRANSACTIONS:

Previous Balance:		3,635.84
Checks and Payments	0 Items	0.00
Deposits and Other Credits	11 Items	0.00
Service Charge	0 Items	0.00
Interest Earned	0 Items	0.00
Ending Balance of Bank Statement:		3,635.84

YOUR RECORDS -- UNCLEARED TRANSACTIONS:

Cleared Balance:		3,635.84
Checks and Payments	2 Items	-1,148.61
Deposits and Other Credits	0 Items	0.00
Register Balance as of 12/31/2006:		2,487.23 ✓
Checks and Payments	0 Items	0.00
Deposits and Other Credits	0 Items	0.00
Register Ending Balance:		2,487.23

JCRH PR DEC 2006

PR NEW JCRH
1/13/2007

Page 2

Uncleared Transaction Detail up to 12/31/2006

Date	Num	Payee	Memo	Category	Clr	Amount
Uncleared Checks and Payments						
1/6/2006	4022	2021 Kendra Barnett				-387.57
1/6/2006	4032	1879 LINDSEY SAN...		Salary		-761.04
Total Uncleared Checks and Payments				2 Items		-1,148.61
Uncleared Deposits and Other Credits						
Total Uncleared Deposits and Other Credits				0 Items		0.00
Total Uncleared Transactions				2 Items		-1,148.61



Trustmark

National Bank

Small Business Checking

Page 1 of 2

Statement Period
From 12/01/2006 To 12/31/2006

Account Number
480-009-6693

DALESON ENTERPRISE LLC DBA JONES COUNTY
REST HOME PAYROLL ACCT DEBTOR IN
POSSESSION CHAP 11 CASE NO 05-50095
PO BOX 345
SUMRALL MS 39482-0345

Customer Service:

1-800-243-2534 or 1-601-961-6000
Automated Response: 24 hours/day
Representative: Mon - Fri, 8am-8pm;
Sat. 9am-7pm

For questions or to receive a Trustmark Access
Number for use with automated services, call
during Representative hours and choose option '0'

Website address: www.trustmark.com



Summary

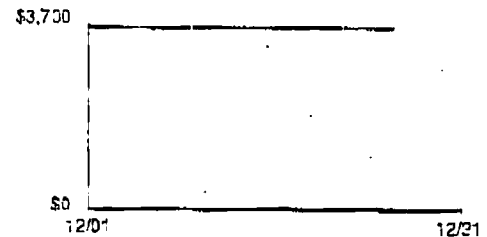
Description	Transactions	Amount
Balance last statement		3,635.84
Deposits and other credits		+ .00
Checks and other withdrawals		- .00
Service charges		- .00
Balance this statement		\$3,635.84

Note: Your lowest balance during this period was \$3,635.84, and it occurred on 12/1/2006.



Daily Balance History

Date	Balance	Date	Balance
12/1	\$3,635.84	12/31	\$3,635.84



Your Balance this Period
Balance

Thank you for banking with us.

CONSUMER ACCOUNTS ONLY

If you are traveling to a foreign country and intend to use your debit card, please notify us at 601-949-4462 or 800-844-2000 Ext. 4462.

ATM/debit card use outside the United States

Customer News

MEMO

Check Number | **Amount**

Checks and Other Withdrawals

Not charged to account

Outstanding - Other Withdrawals

Other Withdrawals outstanding

Total Checks and Other Withdrawals outstanding

Balance =

Outstanding

Checks and Other Withdrawals

Subtract -

Total

Deposits not credited to this statement

Add +

Bank Balance Shown on this statement

\$3,635.84

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Trustmark National Bank
Attn: Customer Contact Center
P.O. Box 281
Jackson, MS 39205-0281

Who will generally complete our investigation within 10 business days and correct any error promptly. In some cases, an investigation may take longer, but you will have the use of the funds in question after the 10 business days. We will ask you to put your complaint or questions in writing and we do not receive it within 10 business days, we may not credit your account during the investigation.

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Reconciliation

This section is provided to help you balance your bank statement.

Trustmark
National Bank

Small Business Checking

Page 2 of 2

Statement Period
From 12/01/2006 To 12/31/2006

Account Number
480-009-6693

Post Office Box 281, Jackson, Mississippi 39205.

Customer Service 1-800-243-2524 or 1-501-961-6000.

SOUTHERN HEALTHCARE

601-758-0479

01/30/2007 03:33

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